

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

RECEIVED

LOBBYIST REGISTRATION FORM 31 P4:02

(See back of this form for instructions)

	(Type or Pr	int Clearly)	STORMAN	
PART I LOBBYIST				
NAME(Last)	(F:)			
IVAIVIE (Last)	(First)	(Middle)		TELEPHONE
Janamoto	George			C36-Z35/
MAILING ADDRESS (Street)	<u> </u>	(City)	(State)	(Zip Code)
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888 Millan	15+ #601	Hon H	م	96813
EMPLOYING ORGANIZATION (Fill	in only if you are employed by a b			
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
•				
PART II ORGANIZATION	1		<u> </u>	
NAME OF ORGANIZATION YOU LO				TELEBUONE
TAME OF ORGANIZATION TOO EC	JBB1 FOR (DO NOT abbieviate)			TELEPHONE
Hawaii Gove	ernment Em	Jayon Are	acre from	W31-2357
MAILING ADDRESS (Street)	in process.	(City)	(State)	(Zip Code)
		•		
888 Millan		150n. 141		96813
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION	ON'S EXPENDITURES STATE	MENT	TELEPHONE
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MAILING ADDRESS (Street)	Deweese			536-2351
	,	(City)	(State)	(Zip Code)
888 Mililan	15 F # 601	1 Hom	141	96813
		/ / / /	· V . /	10817
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
	S. GOBBESTO OF OR WIT	NOTI TOO EXI EOT TO	LOBBI	
Agriculture	Education	Human Services		Science, Technology &
				Economic Development
Communications & Public Utilities	Government Operations 8 Finance	Intergovernmental International Affairs		Tourism & Recreation
Consumer Breat etter 3				
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employme	ent <u> </u>	Transportaion
Culture, Arts, Historic	Magteb	S		
Preservation	Health	Planning, Land & W Use Management	/ater (Other: (indicate below)
Ecology, Energy	Housing			
Ecology, Energy, Environmental Protection	L Floading	Public Safety & Co	rections	
			-	
PART IV CERTIFICATION OF LOBBYIST				
	formation furnished above i	a to the heat of my lone	ula de a a a sur a	
Thereby certary trial tries	Dimation fulfillshed above f	s, to the best of my kno	wieage, correc	ct and complete.
	1000		1/2-	lon
	Signature of Lobbyist)	· · · · · · · · · · · · · · · · · · ·	(Dat	A)
			7 . (Dai	<u> </u>
PART V AUTHORIZATIO	N TO LOBBY			
NAME		TITLE OF AUTHORIZING	OFFICER OR PE	RSON REPRESENTED
Kussell M.	GRata	L'ecutive	1/Inect	are
NAME OF ORGANIZATION (if appli	cable)			TELEPHONE
Hours 6	L. L.	2/2000 11-	/	1212-1
MAILING ADDRESS (Street)	enment Em	ployees Ass	OCIGHION	(Zip Code)
SUBSTITUTE OF (SUBST)	1 -1 ++	(City)	(State)	(ZIP Code)
888 Milodani 5/ 1601 Hom 14, G2012				
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.				
	7)	.geeeeynig acaviacs		
(dund)	Martz		1/8/0	3
(Signature of Auth	orizing Officer or Person Represer	nted)	/ / (Dat	e)